

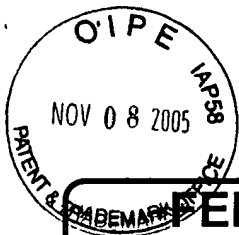
IFW

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/763,596
		Filing Date	January 23, 2004
		First Named Inventor	Marvin M. May
		Art Unit	3652
		Examiner Name	To Be Determined
Total Number of Pages in This Submission	7	Attorney Docket Number	6829P001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Certified Copy of Certificate of Birth; and Return Receipt Postcard</div>
Remarks PETITION TO MAKE SPECIAL UNDER 37CFR §1.102(C); and CERTIFIED COPY OF CERTIFICATE OF BIRTH		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Farzad E. Amini, Reg. No. 42,261 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 4, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Attention: Art Group Unit 3652, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Margaux Rodriguez		
Signature		Date	November 4, 2005



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/763,596
Filing Date	January 23, 2004
First Named Inventor	Marvin M. May
Examiner Name	To Be Determined
Art Unit	3652
Attorney Docket No.	6829P001

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____					
				SUBTOTAL (2)	(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Farzad E. Amini	Registration No. (Attorney/Agent)	42,261	Telephone	(310) 207-3800
Signature		Date	11/04/05		



Attorney's Docket No.: 006829.P001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Marvin M. May

Serial No.: 10/763,596

Filed: January 23, 2004

For: METHOD AND APPARATUS FOR REACHING
FROM OUTSIDE AN UPPER LEVEL OF A
TALL STRUCTURE

Examiner: To Be Determined

Art Group: 3652

PETITION TO MAKE SPECIAL UNDER 37 C.F.R. §1.102(C)

Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

This is a Petition to Make Special the above-identified patent application. The basis for this petition is that the Applicant is over sixty-five years of age.

In accordance with Manual of Patent Examining Procedure §708.02 IV, a certified copy of Applicant's Certificate of Birth is attached.

In view of the above, Applicant requests that this Petition to Make Special be granted and the examination of the application be advanced.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR, & ZAFMAN LLP

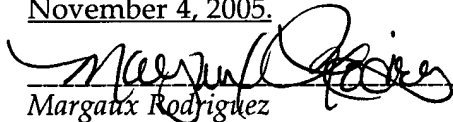
Dated: November 4, 2005

By 
Farzad E. Amini, Reg. No. 42,261

12400 Wilshire Boulevard
Seventh Floor
Los Angeles, California 90025
(310) 207-3800

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to: Commissioner for Patents, Post Office Box 1450, Alexandria, Virginia 22313-1450 on November 4, 2005.


Margaux Rodriguez November 4, 2005



PLACE OF BIRTH		STATE OF OHIO	
County of _____		BUREAU OF VITAL STATISTICS	
Township of _____		CERTIFICATE OF BIRTH	
or Village of _____		Registration District No. _____	File No. _____
or City of _____		Primary Registration District No. _____	Registered No. 2977
N St. Vincent Hospital		Ward _____	
FULL NAME OF CHILD MARVIN RAMON MAY		(If child is not yet named, make supplemental report as directed)	
Sex of Child male	Twin, triplet or other? _____	Number in order of birth _____	Levit. Inmate? yes
Date of birth 7 1 1921		(Month) (Day) (Year)	
FATHER		MOTHER	
FULL NAME Harry May		FULL MAIDEN NAME Helen Topper	
RESIDENCE including P. O. Address Monroe Mich 315 Tremont st		RESIDENCE including P. O. Address Same	
COLOR OR RACE white	AGE AT LAST BIRTHDAY 26	COLOR OR RACE white	AGE AT LAST BIRTHDAY 23
BIRTHPLACE Russia		BIRTHPLACE Toledo Ohio	
OCCUPATION AND INDUSTRY auto accessories shop		OCCUPATION AND INDUSTRY housewife	
Number of children born to this mother, including present birth 1	Number of children of this mother now living 1	Was Prophylactic against Ophthalmia Neonatorum used? yes	
(When required, Prophylactic and literature furnished free by OHIO STATE BOARD OF HEALTH.)			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child born to Helen May (Mother's Name) and that the child was born alive at 9 10a M., on the date above stated.			
(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)		(Signature) A W Wheeler M D	
Given name added from a supplemental report _____		(Physician or Midwife)	
Address 229 Ohio bldg		File No. 7 6 1921	
REGISTRAR		Signed Sam F Smith	

THIS IS TO CERTIFY THAT THE FOREGOING IS A PHOTOGRAPHIC COPY OF A RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS, TOLEDO DEPARTMENT OF HEALTH, TOLEDO, OHIO.

[Signature]
REGISTRAR

A 5

Fold if raised
seal is not affixed

BY _____

BEST AVAILABLE COPY

TOLEDO, OHIO **5-25-51**